

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/573925**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/	/		
3				/		
4				/		
5			/			
6				/		
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48			/			
49			/			
50			/			
TOTAL IND.		↓	18	↓		↓
TOTAL DEP.		←	32	←		←
TOTAL CLAIMS			50			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52			/			
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99						
100						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	0	←		←
TOTAL CLAIMS			3			